

County: Dane
OREGON MANOR, LTD.
354 NORTH MAIN STREET

Facility ID: 4080

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OREGON 53575 Phone: (608) 835-3535
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 45
Total Licensed Bed Capacity (12/31/01): 45
Number of Residents on 12/31/01: 42

Ownership:
Highest Level License:
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 44

Corporation
Skilled
No
Yes
Yes
44

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		33.3	
Home Health Care	No					1 - 4 Years		45.2	
Supp. Home Care-Personal Care	No	Developmental Disabilities	2.4	Under 65	2.4	More Than 4 Years		21.4	
Supp. Home Care-Household Services	No	Mental Illness (Org. /Psy)	26.2	65 - 74	9.5				
Day Services	No	Mental Illness (Other)	11.9	75 - 84	31.0			100.0	
Respite Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.6	*****			
Adult Day Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.5	Full-Time Equivalent			
Adult Day Health Care	No	Cancer	0.0			Nursing Staff per 100 Residents			
Congregate Meals	No	Fractures	0.0		100.0	(12/31/01)			
Home Delivered Meals	No	Cardiovascular	9.5	65 & Over	97.6				
Other Meals	No	Cerebrovascular	4.8			RNs			
Transportation	No	Diabetes	2.4	Sex	%	LPNs			
Referral Service	No	Respiratory	2.4			Nursing Assistants,			
Other Services	Yes	Other Medical Conditions	40.5	Male	28.6	Aides, & Orderlies			
Provide Day Programming for				Female	71.4				
Mentally Ill	No		100.0						
Provide Day Programming for									
Developmentally Disabled	No				100.0				

Method of Reimbursement

Medi care (Title 18)			Medi caid (Title 19)			Other			Pri vate Pay			Fami ly Care			Managed Care					
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	25	100.0	111	0	0.0	0	17	100.0	150	0	0.0	0	0	0.0	0	42	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		25	100.0		0	0.0		17	100.0		0	0.0		0	0.0		42	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	11.1	Daily Living (ADL)	Independent			
Private Home/With Home Health	11.1	Bathing	0.0	11.9	88.1	42
Other Nursing Homes	33.3	Dressing	7.1	35.7	57.1	42
Acute Care Hospitals	5.6	Transferring	28.6	42.9	28.6	42
Psych. Hosp. -MR/DD Facilities	5.6	Toilet Use	14.3	66.7	19.0	42
Rehabilitation Hospitals	0.0	Eating	35.7	47.6	16.7	42
Other Locations	33.3	*****				
Total Number of Admissions	18	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	2.4	Receiving Respiratory Care		4.8
Private Home/No Home Health	4.8	Occ/Freq. Incontinent of Bladder	78.6	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	4.8	Occ/Freq. Incontinent of Bowel	47.6	Receiving Suctioning		0.0
Other Nursing Homes	0.0			Receiving Ostomy Care		0.0
Acute Care Hospitals	0.0	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	9.5	Physically Restrained	0.0	Receiving Mechanically Altered Diets		35.7
Rehabilitation Hospitals	0.0					
Other Locations	9.5	Skin Care		Other Resident Characteristics		
Deaths	71.4	With Pressure Sores	0.0	Have Advance Directives		97.6
Total Number of Discharges (Including Deaths)	21	With Rashes	0.0	Medications		
				Receiving Psychoactive Drugs		66.7

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.8	82.7	1.18	83.8	1.17	84.3	1.16	84.6	1.16
Current Residents from In-County	92.9	82.1	1.13	74.6	1.25	82.7	1.12	77.0	1.21
Admissions from In-County, Still Residing	72.2	18.6	3.88	33.2	2.17	21.6	3.35	20.8	3.47
Admissions/Average Daily Census	40.9	178.7	0.23	75.3	0.54	137.9	0.30	128.9	0.32
Discharges/Average Daily Census	47.7	179.9	0.27	77.3	0.62	139.0	0.34	130.0	0.37
Discharges To Private Residence/Average Daily Census	4.5	76.7	0.06	15.9	0.29	55.2	0.08	52.8	0.09
Residents Receiving Skilled Care	100	93.6	1.07	91.2	1.10	91.8	1.09	85.3	1.17
Residents Aged 65 and Older	97.6	93.4	1.05	97.7	1.00	92.5	1.06	87.5	1.12
Title 19 (Medicaid) Funded Residents	59.5	63.4	0.94	60.7	0.98	64.3	0.93	68.7	0.87
Private Pay Funded Residents	40.5	23.0	1.76	36.2	1.12	25.6	1.58	22.0	1.84
Developmentally Disabled Residents	2.4	0.7	3.39	1.4	1.69	1.2	2.02	7.6	0.31
Mentally Ill Residents	38.1	30.1	1.27	33.9	1.12	37.4	1.02	33.8	1.13
General Medical Service Residents	40.5	23.3	1.73	24.3	1.67	21.2	1.91	19.4	2.09
Impaired ADL (Mean)	62.9	48.6	1.29	51.1	1.23	49.6	1.27	49.3	1.28
Psychological Problems	66.7	50.3	1.33	58.2	1.15	54.1	1.23	51.9	1.28
Nursing Care Required (Mean)	5.1	6.2	0.82	7.0	0.72	6.5	0.78	7.3	0.69